R E P O R T R E S U M E S

ED 015 490 CG 000 881

GROUP APPROACHES TO THE PROBLEMS OF SOCIALLY DEPRIVED YOUTH--THE CLASSICAL PSYCHOTHERAPEUTIC MODEL.

BY- MACLENNAN, BERTCE W.

PUB DATE 6 APR 66

EDRS PRICE MF-$0.25 HC-$0.88 20P.

DESCRIPTORS- *SOCIALLY DISADVANTAGED, *DELINQUENT REHABILITATION, *PSYCHOTHERAPY, *GROUP THERAPY, *ADJUSTMENT (TO ENVIRONMENT), CULTURALLY DISADVANTAGED, DELINQUENCY, SOCIALLY MALADJUSTED, SOCIAL VALUES, SOCIALLY DEVIANT BEHAVIOR, SOCIOECONOMIC STATUS, REHABILITATION PROGRAMS, ADOLESCENCE, DISADVANTAGED ENVIRONMENT, THERAPEUTIC ENVIRONMENT, MIDDLE CLASS CULTURE, SPEECHES, HOWARD UNIV, THERAPEUTIC RECREAT, GROUP

THE ASSUMPTIONS WHICH FORM THE BASIS OF GROUP PSYCHOTHERAPY ARE EXAMINED AND THE ADAPTATIONS OF CLINICAL GROUPS IN ASSISTING SOCIALLY DEPRIVED YOUTH (SDY) TO LEAD SATISFYING AND CONSTRUCTIVE LIVES ARE CONSIDERED. THE ACCEPTED CLINICAL MODEL HOLDS THAT DISTORTIONS OF CHARACTER STRUCTURE CAUSED BY UNFAVORABLE DEVELOPMENTAL CONDITIONS CAN ONLY BE ALTERED IF THE INDIVIDUAL OBTAINS ASSISTANCE. ASSUMPTIONS FUNDAMENTAL TO PSYCHOTHERAPY ARE DISCUSSED. ADOLESCENCE WITH ITS CHANGING NATURE, PRESENTS UNIQUE PROBLEMS TO THE PSYCHOTHERAPIST. BECAUSE OF THE USUAL DIFFERENCE IN SOCIAL CLASS BETWEEN GROUP MEMBERS AND THE THERAPIST, FURTHER OBSTACLES ARE ENCOUNTERED. RESISTANCE TO TREATMENT, PART OF CONSISTENT GROUP PATTERNS, MAY BE TACKLED IN SEVERAL WAYS. PROBLEMS IN TREATMENT MAY BE MINIMIZED BY (1) FOCUSING ON REALITY, (2) USING THERAPEUTIC RECREATION GROUPS, (3) BASING DISCUSSIONS ON YOUTHS' DESIRES, (4) PROVIDING APPROPRIATE IDENTIFYING MODELS, AND (5) AIDING THE ESTABLISHMENT OF AN APPROPRIATE CODE OF VALUES. CHARACTER PROBLEMS CAN BE REDUCED, BUT IT IS ALSO IMPORTANT TO CREATE AN EXTERNAL SOCIAL STRUCTURE WHICH WILL PROVIDE OPPORTUNITIES FOR SATISFYING LIVING. THIS IS A REVISED VERSION OF A PAPER PRESENTED AT A SPECIAL PANEL ON GROUP APPROACHES IN PROGRAMS FOR SOCIALLY DEPRIVED YOUTH, AMERICAN GROUP PSYCHOTHERAPY ASSN., PHILADELPHIA, PA., JANUARY 26-27, 1966. (PR)

ED015490

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

GROUP APPROACHES TO THE PROBLEMS OF SOCIALLY DEPRIVED YOUTH: THE CLASSICAL PSYCHOTHERAPEUTIC MODEL

Beryce W. MacLennan, Ph. D.
Associate Director I/C Training
Center for Youth and Community Studies
Center for Youth Studies
Howard University
Washington, D.C.

This is a revised version of a paper presented at a special panel on Group Approaches in Programs for Socially Deprived Youth, American Group Psychotherapy Association, Philadelphia, January 26-27, 1966.

CG 000 881

DRAFT
4-6-66

GROUP APPROACHES TO THE PROBLEMS OF SOCIALLY DEPRIVED YOUTH: THE CLASSICAL PSYCHOTHERAPEUTIC MODEL

Beryce W. MacLennan, Ph.D.

The purpose of this paper is to examine the assumptions which form the basis of all psychotherapy and of group psychotherapy in particular, and to consider the adaptations of clinical groups in assisting poverty stricken youth to live personally satisfying and socially constructive lives.

PROBLEMS OF SOCIALLY DEPRIVED YOUTH

When a society states as its prime value that all men should have equal opportunity to share in the good things of life, the fact that city and country slums are deprived and neglected areas where overcrowding and disease are prevalent; where public resources are few; where schools, recreational facilitiee, housing, sanitation and health care, are all deficient, is particularly galling to those who have to live in them. Under such conditions, slum dwellers have the right to feel frustrated and resentful at the rest of society which acts as the depriver and which lives off their misery, and it is understandable that a high proportion of youth from such areas are angry and find themselves in trouble. They may have great aspirations but, in general, they are not equipped to achieve them nor do they expect to. Rates of school dropout and unemployment are high.[1] The boys and girls do not acquire the basic skills necessary for achievement, lack practice and perspective in obtaining the data beyond their immediate situation (which is necessary for successful long-term planning), and do not manage very often to earn an adequate living or to

establish a stable and satisfying family life.[2] Because there is little hope for the future, such youth tend to have low frustration tolerance and to live impulsively without too much thought for the consequences of their actions. They cannot mobilize themselves for long-term efforts. Basic feelings of despair and failure are masked by living in the moment, by obtaining status and success through establishing a separate and deviant culture, by living in a fantasy world, or by exploiting the rest of society through inadequacy and dependency. Thus, many are dependent, delinquent or mentally ill, view the world as hostile and untrustworthy, and project, deny and avoid responsibility.

APPROACHES TO THE PROBLEMS OF SOCIALLY DEPRIVED YOUTH

These problems have been approached from three different directions: The socio-economic position holds that it is necessary to provide the ingredients for decent living, adequate housing, health service, schools, recreation, sufficient income, regular and respected employment which will satisfy the need for status and for a regular income, in order to bridge the gap between the poor and the rest of society.[3] Essentially, the expansion of opportunity and redistribution of resources.

Secondly, the social psychological view that man learns how to live in society from the social groups of which he is a part; the larger society, the neighborhood, the family, the public institutions and his peer groups and that these groups are systems which put great pressure on their members to conform to their values and ways of behaving. Youth are consequently shaped by the institutions with which they have contact and because

in their concern to establish a unique identity they need to rebel against and reject adult society, they are particularly sensitive to the pressures of their peer group.[4] Consequently, if troubled youth are to change, the group culture in which they live must be affected , through influencing the neighborhood culture directly, through changing the climate of the major institutions to which the youth are exposed, or through setting up a new social system which will put pressure on them to live and feel differently adopt new standards and values and cope in new ways. In this approach, the world in which the youth live must change in order for him to be able to make and sustain changes.

A third major approach is the clinical model which holds that youth who have been brought up under unfavorable developmental conditions, have basic distortions of character structure, have an unreal view of themselves and the world and have acquired disfunctional techniques for obtaining a satisfying life. Exponents of this approach believe that these maladaptations will continue, even if the environment changes and the pressures are removed, unless the individual obtains assistance in changing his feelings about himself, his perceptions of reality and his waysof dealing with situations. Without these changes, the individual will not be able to make use of opportunities which are offered him. It should be recognized that the goals of these approaches are by and large the same that is to enable people to live satisfying and relatively well adjusted lives, and that even the approaches themselves are not necessarily mutually exclusive. Differences are related to focus, emphasis and strategy and each approach has its own operational implications. In this paper we are concerned with an examination of the third approach and its adaptations for work with socially deprived youth.

ASSUMPTIONS OF PSYCHOTHERAPY

Fundamental to all psychotherapy are the following assumptions:

1. The individual who requires treatment is not realizing his potential to gain satisfaction from living and that in one way or another he is in conflict with himself and/or the world around him.

2. There is something wrong with the patient. He is in some way inadequate, and in order to increase his satisfactions and improve his performance he must change himself, how he feels or what he does. He is less mature than the better adjusted individual.

3. Implicit in this view is the expectation that the individual has the capacity within himself to deal with his environment, the demand that the individual adapt to the world around him and the belief that through this adaptation he can improve his life. It is further implicitly expected that if he changes he can change his world; that in turn it will prove responsive.

4. Essentially the individual must recognize and admit to himself not only that there is something wrong with him, that he has some inadequacy, that he must change but that he cannot affect the necessary change on his own but must be willing to seek and accept help from others, and in particular from some expert or authority. Thus, initially, there is almost inevitably an element of dependency and of submission.

5. The therapist establishes the ground rules of the treatment, the boundaries and limits of the contract and the patient must be willing to accept the constraints imposed by the contract. He must appear at a certain time and place, he must involve himself and overcome his reluctance to reveal himself and his problems. He must learn to work as the therapist indicates and often in terms of his concepts and language. Thus there is a double adaptation demanded of the patient. He must not only learn to adapt to the conditions of the world in which he will make his life but he must also adapt to the treatment situation. He must be willing to accept the authority of the therapist and to learn to trust him.

6. In the classic model whether individual or group psychotherapy, the therapist's primary responsibility is to the individual. The patient's problems, weaknesses and strengths are carefully assessed and goals and treatment are established for each individual, through a fairly lengthy procedure.

7. Change in psychotherapy takes place through the individual feeling differently about himself; through learning how to appreciate situations and consider different strategies for the resolution of problems; through relating differently and more realistically to others, through managing his anxiety less defensively and being more willing to risk more in the service of gaining what he wants; through understanding and changing his patterns of response or through reviving old feelings and re-examining the sources of early hurt and conflict. There is considerable disagreement between therapists about the most effective focus of treatment. However, all psychotherapy is concerned with achieving changes in the individual.

THE NATURE OF ADOLESCENCE

When we consider the application of the classical psychotherapeutic model to adolescents we must consider the nature of adolescence itself. Adolescence is a period of maximum change and uncertainty during which the individual has to make the transition from childhood to the assumption of an adult role in society; a transition which includes the separation of the individual from his family and the development of an independent adult identity, socially, sexually and in terms of career. This change is stimulated by physical developments and physiological urges which force the adolescent into a new awareness of himself and others. He becomes more conscious of his body, compares himself with peers of the same sex, tentatively experiments with the opposite sex and assesses his competence as a sexual partner, a potential parent and an independent adult capable of earning a living and taking care of himself. He is in turn perceived by parents and other grown-ups in a different light. Both teenagers and adults make confused and conflicting demands on each other which throw considerable strain on the teenager's capacity to manage and control the raw feelings which stir within him.

Inevitably there is an increased drive for independence and autonomy and a rejection of old controls and values. It is natural that there should be heightened self-consciousness, anxiety and confusion, that there should be closer alliance with peers and that there should be very mixed feelings about the adult world; feelings which swing from a desire to be dependent on the adult or identify with him to a need to rebel and break free.

Because of the uncertainties which the individual is facing he is naturally reluctant to admit that he has problems. Thus, when, in psychotherapy the adolescent is asked to be strong enough to admit openly that he is inadequate and in need of help, to put himself in a dependent position and submit and conform to restrictions in the service of growth, it often seems to him that he is being asked to go against the directions of his life force. Similarly, any change in individual functioning requires a change in self perception. Adolescents who are struggling to establish a clear identity can be particularly threatened by a demand to examine that which is so precarious. Consequently, the adolescent often comes into treatment in a state of maximal resistance.

However, there are difficulties in psychotherapy with socially disadvantaged youth over and above those which occur with adolescents drawn from other social classes:

1. The therapist is usually middle class. He belongs to the same world as the middle-class youth and can be seen and relatively easily accepted as an alternative model for identification. On the other hand, he is socially and often also culturally and ethnically different from the low-class youth. The social distance between them is great and the youth have much more difficulty in being at ease with him or in identifying with him.

2. The therapist and the middle- or upper-class youth know much more about how the other lives. The therapist often has no first-hand knowledge of crowded slum living or "street" life.

3. Socially disadvantaged youth have their own style and their own way of speaking. This is felt by them to be part of their identity and they resent strongly having to change this. If the therapist is unable to understand the "street" language so that the youth is forced to speak in an alien dialect, the stress of the therapeutic situation is increased.

4. Psychotherapy is to a great extent a verbal activity. Assumptions are made that, as a patient talks over andunderstands his situation and behavior, he will be able to make changes which carry over into his everyday life. Much of psychotherapy is reflective and concerned with abstracting, conceptualizing, generalizing and areapplying. Low income youth are more accustomed to the concrete, the real and the immediate.[5] Their primary interests and energies are concentrated in the problems of everyday living and the experiences of the moment. They are not trained to conceptualize or to reflect. They prefer action to thought.

5. When middle-class youth begin to change and move toward more "socially acceptable" adaptations, they also move closer to the standards and ideals of their family and associates, even though there may be negative repercussions in families where there is interlocking pathology, and it is likely that their primary groups will reward and reinforce the progress made in treatment. This is not so true of low-income youth; particularly those who are drawn from a delinquent sub-culture. With them, the move toward improved social functioning may mean an abandonment of standards and modes of behavior which are acceptable in the adolescents' world and estrangement from his friends and family. He embarks on a perilous journey where at any time he may be stopped for lack of money, qualifications or discrimination. Consequently, opportunities for meaningful social relationships and intimacy need to be created which can compensate for the loss of old companions and can deal with loneliness and a new form of alienation.

6. Coherent and satisfying adult roles and channels to achieve them are more clearly perceptible and accessible to the middle class adolescent than to the poverty-stricken youth toward whom there is no evidence that the environment is usually responsive in any positive sense. Such youth are surrounded by adults who have not been successful in their private or public lives. They have found themselves unable to acquire the basic tools necessary for success and have become aware that the opportunities open to them under these circumstances are quite limited in nature. For instance, 15-year-old girls in a 7th grade class, when asked what

career they would like to follow, stated "social work, nursing, teaching," but when asked what kind of work they would look for replied, "washing dishes and cleaning floors." When the future seems so dim, temporary delays and frustrations are hard to sustain and the inverse relationship between motivation and speedy gratification is easily demonstratable with socially disadvantaged youth.

7. The depth of distrust and suspicion which poverty-stricken youth have of adults is usually much greater than that of more fortunate teenagers and more justified by their experiences.

THE CLASSICAL GROUP PSYCHOTHERAPEUTIC MODEL AND ITS ADAPTATIONS

It has to be recognized that in all group therapy there is already a rapprochement between the psychotherapeutic and social systems approaches For instance, Westman writes:

> ....Developing each patient's ability to interact effectively in a group would improve his capacity for more mature object relationships and bring him under the influence of powerful peer-group pressures.[6]

Although groups may focus primarily on helping the individual identify and change his particular ways of operating or on developing the kind of climate which will put pressure on all members to react in a particular way and to accept certain values, all group therapy contains both elements.

Group therapists have observed and have attempted to cope with the youth's lack of capacity to become intimate and develop really meaningful relationships to each other; their lack of trust in and their defiance of all authority; their projection of blame onto others; their difficulty in dealing with anxiety and frustration on an intrapsychic level and their consequent tendency to avoid and eliminate these feelings by acting out, by placing them in groups where they may discuss what is going on in the

lives of the youth outside the group or by creating a climate in which the youth expose their difficulties in relating to each other and which forces a review of standards and ego functioning.

Group psychotherapy, even while it retains all the assumptions of classical psychotherapy moves already toward meeting the therapeutic needs of the adolescent. By setting the individual amongst his peers, group therapy avoids the intensity of the confrontation with adult authority inevitable in individual psychotherapy, and relieves the sense of dependency. The fact that others are in similar situations and have similar difficulties makes the need for help less humiliating. Placement amongst peers capitalizes on the importance of adolescents to each other and relieves the pressure to cooperate irrespective of one's desires. Groups inevitably provide a forum for reality testing; an opportunity to examine one's own responses to others, their reactions to one's own behaviors; to re-examine values and attitudes and to try out different ways of responding and relating. It is harder in a group to avoid recognizing how one defends one's self against others, brings trouble on one's self and deals with people in a quite irrational fashion. A group of socially disadvantaged youth inevitably carry their language and their style along with them and the therapist cannot function if he does not learn to understand them. In spite of these advantages, many difficulties ave been reported in working with adolescents and particularly socially deprived adolescents in the group.

Groups have been reported as following a rather consistent pattern.[7,8,9,10] First, a resistance to treatment at all. Secondly, a

banding of the group members against the therapist, coupled with extensive testing operations; griping, boasting, feeling out what the therapist will tolerate and where he will set his limits. Then moving to ambivalence about the therapy and the therapist and a testing of each other. Then gradual, tentative and often circuitous moves at self revelation as members learn to trust each other and the therapist and to use the groups as support in an examination of the ways in which they themselves create difficulty. The extent of the resistance throughout treatment and the fact that many adolescents and some beginning therapists do not survive it has raised questions about the possibility of redefining the situations and avoiding some of the conflict.

RESISTANCE TO ACCEPTING TREATMENT

The reluctance which adolescents in particular experience in facing the fact that they are having difficulties and are in need of help has been tackled in a number of different ways.

Many workers have found that the normal clinic delays and the long evaluation of classical psychotherapy have proved too hard for the adolescent to tolerate. Instead, they have made an immediate contact at point of crisis, during which a relationship is established and some tentative hypotheses set up which are tested and refined as treatment proceeds.[11,12] Where possible, the intake worker is also the group therapist so that no transfer is necessary.[13]

Authority has been used to force the adolescent to attend the group and expose himself to treatment. It is then the task of the therapist

to help the individual recognize and accept the need to change and to turn the contact into a voluntary one. Some workers, such as Westman,[6] have felt that this initial opposition to treatment can be used as a cohesive force to draw the youth together in the group where the anti-authoritarianism can be dealt with directly rather than acted out elsewhere. Other authorities, such as Slavson and Epstein[14] and Shellow, et al.,[8] have preferred, even in institutional settings, to allow the youth to choose whether he will come or not.

Attempts have been made to reduce the opposition to attending by providing rewards and inducements. Westman, in organizing groups of delinquents in institutions, arranged that the youth could miss activities which they disliked and provides refreshments. Stranahan, et al.,[12] working with "hard core" youth held groups in convenient places and provided gratification in the form of food, play equipment and trips. Schulman[10] describes giving candy, pencils, etc., but in no routine fashion.

In some institutions, cooperation in the therapy group affects the conditions of life outside. The therapist may have the authority to recommend release from the institution or dismissal from probation, or the group treatment may be closely linked to performance in school or on a job.

There has been considerable disagreement between those advocating permissiveness and those using authority. From the literature, it is hard to distinguish whether these arrangements make much difference, and if so, with whom. Most therapists describe their groups passing through the same sequence of resistances and questions need to be raised regarding

who drops out, who reaches the final stage of positively working on their difficulties and to what extent this work affects their daily living. On the other hand, the difficulties of gaining acceptance for socially approved norms in the group raise questions about selection.

Groups which acquire status with adolescents are easier for them to attend. Westman fed valued information about the institution into his therapy groups. MacLennan[13] found that once a program was effective in improving the social status of its members, adolescents began to refer themselves. Treatment has been built into other kinds of activities where it is possible to capitalize on other motives such as earning a living or having a good time and where there is focus on problem-solving related to the tasks of the group and on strengths rather than weaknesses. Slavson's[15] activity groups, originally designed for latency children, have been adapted for adolescents. They are presented as clubs where the boys and girls can make friends and have fun but also provide a setting within which the youth can experience different reactions to their behavior and test out new ways of dealing with their problems in a semi-protected environment. Treatment has also been built into job training where the control of impulse, relationships to peers and authority, self-concept, are dealt with in job-related terms.[16] Other opportunities for such an approach are life education, school counseling and remediation.[17, 18]

PROBLEMS IN TREATMENT:

In order to combat some of the difficulties related to abstraction and conceptualization and to start from the youth's interest in the

immediate groups have generally been focused on reality. Most therapists have concentrated on helping the youth work out problems in their everyday lives, or examine what goes on in the group itself. Discussions deal with matters such as relationships on the ward, how families get along together and how one mobilizes one's self to get to work or school on time, or consideration is given to how a particular member always becomes the scapegoat of the group, why another has such difficulty in talking, or what it means when the group permits a member to set himself up as their spokesman to challenge the therapist.

Slavson and Epstein,[14] however, have worked with transference phenomena at an analytic level with severely disturbed delinquent boys and Kraft[19] has encouraged the establishment of family transferences in his groups and promoted the examination of dreams and fantasies.

The difficulties in gaining acceptance for socially approved norms within a group are much less when the good functioning of the group is hitched to a goal to which the youth can be clearly committed. For instance a discussion on impulse control when it is related to the youth's desire to hold a job is much more potent than such a discussion when it is linked only to happenings in the group.

The difficulties which youth have with authority and with impulsive acting out have been dealt with in different ways in the groups. Some writers have reported that they set very definite limits within which the group operates and which they enforce stringently.[8] Others have been quite permissive, vesting control in the group members themselves.

Where treatment has been included in other activities, attempts have been made to by-pass the intense resistance, and frequently to change the relationship between the therapist and the youth. For instance, in some programs, the therapist may play the role of consultant to a recreation group which essentially sets up its own program, or may act as a trainer or teacher. A number of programs, geared along these lines, also attempt to reduce the social distance between the therapist and the adolescent by using, under professional direction and supervision, youth from the same environment who have experienced similar difficulties and can speak the same language--programs such as the therapeutic recreation groups at Howard University[20] and the self-study groups led by offenders in the California corrections system originally initiated by the Grants in Naval Corrections.[21] These self-help groups are an extension of an idea already present in any therapy group of having members help each other. They also follow a rather consistent trend, visible today, to reduce the distance between authority and the population seen in colleges where students evaluate curriculum and faculty and in hospitals where patients help administer their units. Such programs have a dual influence both on the group members and on their leaders.

The therapist is often considered as a model for identification. However, this then raises the question of what kind of model and what kind of person should the therapist be. Is a middle-class adult the most appropriate model for underprivileged youth, particularly where he may be drawn from another cultural group? The use of youth with similar backgrounds and experiences provides for easier identification.

All groups as they develop adopt a way of conducting themselves and a code of values. A central struggle in treatment groups evolves around this code particularly in work with deviant and delinquent groups. Ultimately the group must adopt a set of values which are compatible with society's if it is going to be of assistance in the adjustment of its members to society.

There is, of course, considerable controversy around the question of whether basic character problems can be altered through experience and through working on aspects of everyday functioning without the reactivation and living through of underlying conflicts. It has become clear, however, that at least in limited areas, youth can learn to feel differently about themselves, acquire more self control, and can deal more constructively with everyday problems.

THE RESPONSIVENESS OF THE ENVIRONMENT:

Most group psychotherapists remain preoccupied with what is going on in their group and on the assumptions that if they can enable the youth to make intrapsychic changes, this will carry over into their daily living and that they will be in a position to work out a satisfactory life for themselves. We see clearly, however, that these assumptions are frequently not borne out in reality. The opportunities for boys and girls severely retarded in school to achieve a satisfactory career are extremely limited. The pull of the neighborhood group is strong. The prejudices and rigidities of community institutions often pose barriers to adequate functioning.

It is wanton to work with youth to mobilize themselves, to increase their aspirations and to make attempts to move away from accustomed life patterns if there are nonpossibilities of realizing new goals within reach. Thus, while it seems important to help the youth develop personally and overcome their individual difficulties, it also seems important to work at establishing small group and institutional structures which will reenforce the gains of treatment and to create a social structure which will provide opportunities for satisfactory living. Comprehensive programming has become the watchword of many of the new programs which are concerned with the rehabilitation of socially deprived youth.

SUMMARY:

This paper has been concerned with reviewing the basic problems of adolescents and socially disadvantaged youth in particular, in making use of group psychotherapy in order to improve their functions, and with examining some of the adaptations which have been made to deal with the difficulties.

It is considered that the psychotherapeutic situation which demands that the patient acknowledges his weaknesses, the need for change and the necessity to adapt himself to the requirements of the therapist, may be unacceptable to many such youth and that the assumption that if the youth change then their environment will be responsive in its turn may not be warranted. New programs are being developed which embody a comprehensive approach to planning which includes the creation of opportunity; the pro

provision of adequate group supports; and the examination of individual strengths and weaknesses in a setting which redefines the relationship between the youth and the therapist so that the former is placed in a more respected and advantageous position and the latter is better acquainted with the realities of the youth's life situation.

REFERENCES

1. Statistical Abstracts of the United States. Washington, D.C.: Government Printing Office, 1965

2. Riessman, Frank, The Culturally Deprived Child. New York: Harper & Bros., 1962

3. Cloward, Richard A., and Lloyd E. Ohlin, Delinquency and Opportunity: A Theory of Delinquent Gangs. New York: Free Press of Glencoe, 1960

4. Cohen, Albert K., Delinquent Boys: The Culture of the Gang. New York: Free Press, 1955

5. Eissler, K. R.,"Ego Psychological Implications of the Psychoanalytic Treatment of Delinquents,"in The Psychoanalytic Study of the Child. New York: International Universities Press, 1950

6. Westman, Jack C., "Group Psychotherapy with Hospitalized Delinquent Adolescents," International Journal of Group Psychotherapy, 11:4, October 1961, pp. 410-18

7. Gadpaille, Warren J., "Observations on the Sequence of Resistance in Groups of Adolescent Delinquents," IJGP, 9:3, July 1959, pp. 275-86

8. Shellow, Robert S., Jack L. Ward and Seymour Rubenfeld, "Group Therapy and the Institutionalized Delinquent," IJGP, 8:3, July 1958, pp. 265-75

9. Thorpe, James J. and Bernard Smith, "Operational Sequence in Group Therapy with Young Offenders," IJGP, 2:1, January 1952, pp. 24-33

10. Schulman, Irving, "The Dynamics of Certain Reactions of Delinquens to Group Psychotherapy," IJGP, 2:4, October 1952, pp. 334-43

11. Peck, H. and V. Bellsmith, Treatment of the Delinquent Adolescent. New York: Family Service Assoc. of America, 1954

12. Stranahan, Marion, Cecile Schwartzman and Edith Atkin, "Group Treatment for Emotionally Disturbed and Potentially Delinquent Boys and Girls," American Journal of Orthopsychiatry, 27:3, July 1957, pp. 518-27

_____, "Activity Group Therapy with Emotionally Disturbed Adolescents," IJGP, 7:4, October 1957, pp. 425-36

13. MacLennan, Beryce W., The Analysis of Group Techniques in the Treatment of Negro Adolescent Girls. (Unpublished Ph.D. Dissertation, Social and Clinical Psychology in the Faculty of Economics, London University, 1960)

14. Epstein, Norman and S. R. Slavson, "Breakthrough in Group Treatment of Hardened Delinquent Adolescent Boys," IJGP, 12:2, April 1962, pp. 199-210

15. Slavson, S. R., The Practice of Group Therapy. New York: Int'l Universities Press, 1947

16. MacLennan, Beryce W. and William L. Klein, "Utilization of Groups in Job Training for the Socially Deprived, IJGP, 15:4, October 1965, pp. 424-33

17. Scheidlinger, Saul, "Three Group Approaches with Socially Deprived Latency-Age Children," IJGP, 15:4, pp. 434-445, Oct. 1965

18. Vinter, Robert D. and Rosemary C. Sarri, "Malperformance in the Public School: A Group Work Approach," Social Work, 10:1 January 1965

19. Kraft, Irvin A., "The Nature of Sociodynamics and Psychodynamics in a Therapy Group of Adolescents," IJGP, 3:313-320, Jul.1960

20. Mitchell, L.E., et al., A Mobile Therapeutic Community for Adolescents. Washington, D.C.: Center for Youth and Community Studies, Howard University, 1965

21. Grant, J.D. and M.Q. Grant, "A Group Dynamics Approach to the Treatment of Nonconformists in the Navy," Annals of the American Academy of Political andSocial Science, 322, 1959, pp. 126-135